

**State Controller's Office**  
**Division of Accounting and Reporting**  
**Authorization Form to Release Funds from the**  
**County Tribal Casino Account**

County Name: \_\_\_\_\_

Administrative Costs \$ \_\_\_\_\_  
(Co. admin. costs may not exceed 2% of the aggregate county tribal account)

Name of Local Government Entity/Grantee: \_\_\_\_\_  
(Government Code 12715(k)(1) states funds will be sent directly to the local government entity for which a grant has been approved by the committee)

Mailing Address of Entity: \_\_\_\_\_  
\_\_\_\_\_

Name of Approved Project:\* \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Amount to be paid from the County Tribal Casino Account \$ \_\_\_\_\_

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The following uses are the priorities for receipt of grant money. Please check the priority(ies) the project satisfies:

Law Enforcement <input type="checkbox"/>	Fire Services <input type="checkbox"/>	Emergency Med Services <input type="checkbox"/>
Environmental Impacts <input type="checkbox"/>	Water Supplies <input type="checkbox"/>	Waste Disposal <input type="checkbox"/>
Behavioral Health <input type="checkbox"/>	Public Health <input type="checkbox"/>	Planning/Adj Land Use <input type="checkbox"/>
Roads <input type="checkbox"/>	Rec & Youth Programs <input type="checkbox"/>	Child Care Programs <input type="checkbox"/>

\_\_\_\_\_  
Authorized Signature  
Local Benefit Committee Member

\_\_\_\_\_  
Date

\* For multiple projects, make additional copies of this form.